

Initiates assembly to be held this pm —McCormick Place

Surgeons who will be initiated into Fellowship this evening are reminded that an Assembly for Initiates will be held this afternoon starting at 4:45 in the Arie Crown Theater in McCormick Place.

During the assembly, at which ACS President H. William Scott, Jr. will preside, obligations of Fellowship will be presented by Frank E. Stinchfield, Chairman of the ACS Board of Regents, and by C. Rollins Hanlon, Director of the College.

Convocation procedures and rehearsal will be explained by Frank Padberg, ACS Assistant Director, Fellowship.

Initiates are also reminded that caps and gowns should be picked up today, if they haven't already been, between 8:00 am and 3:30 pm in the Astoria Room of the Conrad Hilton.

George R. Dunlop will assume College Presidency this evening

George R. Dunlop, MD, FACS, Worcester, Massachusetts, consulting surgeon, The Memorial Hospital, and professor of surgery, University of Massachusetts Medical School, tonight will assume the presidency of the American College of Surgeons at the College's 62nd annual Clinical Congress during the Convocation Ceremonies in the Grand Ballroom of the Conrad Hilton Hotel beginning at 8:00. A total of 2,163 surgeons from around the world will be admitted to Fellowship in the College at the same ceremonies.

Dr. Dunlop has been active in the work of the College since he became a Fellow in 1939. He was a member of the Board of Governors from 1961-66, and in 1966 he was elected a member of the Board of Regents, the College's policy-making body. He served as vice-president of the Board from 1973 until he became president-elect in October 1975.

In addition to his College activities, Dr. Dunlop has been, and continues to be, a leader in many other medical and surgical associations and societies. He is past board president of the American Cancer Society (Massachusetts division) and the Worcester Foundation for Experimental Biology. He is former board chairman of Massachusetts Blue Shield and of the National Association of Blue Shield Plans.

He also serves as a member of the Board of Commissioners for the Joint Commission on Hospital Accreditation. He is a consulting editor for *Surgery, Gynecology & Obstetrics*, the official scientific journal of the College.

Dr. Dunlop earned his MD degree at Harvard Medical School and took his residency training at New York Hospital-Cornell Medical Center where together with Dr. Eugene Pool he published a paper entitled "Cancer Cells in the Circulating Blood Stream",



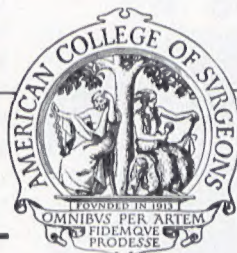
DR. DUNLOP

probably the first published report identifying free-floating cancer cells.

Dr. Dunlop completed his residency training as senior surgical resident at the Worcester City Hospital in 1936. Over the years he advanced to become Chief of the Surgical Service at Memorial Hospital, also in Worcester, where he currently serves as consulting surgeon.

acs

CLINICAL CONGRESS



news

CHICAGO, ILLINOIS



62ND ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS

THURSDAY, OCTOBER 14, 1976

Donaldson, Warren

Two Fellows are elected to serve as ACS Regents

William F. Donaldson, MD, FACS, an orthopaedic surgeon from Pittsburgh, Pennsylvania, and W. Dean Warren, the Joseph B. Whitehead professor and chairman of the Department of Surgery, Emory University School of Medicine, Atlanta, have been elected for three-year terms to the Board of Regents of the American College of Surgeons.

Reelected to the Board—the College's top policy-making body—for three-year terms were John M. Beal, MD, FACS, Chicago; John E. Connolly, MD, FACS, Irvine, Calif.; Joseph E. Murray, MD, FACS, Boston; and Loring W. Pratt, MD, FACS, Waterville, Maine.

Dr. Donaldson is a clinical professor of orthopaedic surgery, University of Pittsburgh School of Medicine. He is a past president of the American Academy of Orthopaedic Surgeons and a past member of the executive committee of the American Orthopaedic Association.

He is also a member of the American Bar Association's Commission on Medical Professional Liability and chairman of that commission's Sub-committee on Risk Management.

Dr. Donaldson is a past member of the Advisory Council on Orthopaedic Surgery, of the ACS Committee on Trauma, and of the Council of the Southwest Pennsylvania Chapter of the College.

He received his MD degree from Pittsburgh in 1943.

Public policy and paradoxes of plenty is topic for Martin Memorial Lecture

"Public Policy and the Paradoxes of Plenty", will be the topic of the Martin Memorial Lecture, which will be delivered this afternoon at 3:15 in the Arie Crown Theater of McCormick Place by Alexander Heard, PhD, Nashville, Tennessee.

Professor Heard is the chancellor, and professor of political science at



DR. HEARD

Vanderbilt University. Previous to coming to Vanderbilt he was the Ford research professor of government at Harvard, and dean of the graduate school of the University of North Carolina.

Dr. Warren is a current member of the Advisory General Medical Sciences Council of the National Institutes of Health, and is secretary of the Southern Surgical Association.

He is also vice president of the Society of Surgical Chairmen and president of the Allen O. Whipple Surgical Society.

Dr. Warren also serves on the editorial boards of *Surgery, Contemporary*

Born in Savannah, Georgia, professor Heard received his BA from the University of North Carolina and his MA and PhD degrees from Columbia University.

Professor Heard was president of the Southern Political Science Association in 1961-62 and during those same years served as chairman of President Kennedy's special bi-partisan Commission on Campaign Costs. In 1964 President Johnson appointed him to serve on the National Citizen's Committee for Community Relations, in 1966 on his Task Force on Education, and in 1967 to serve on the Advisory Commission on Intergovernmental Relations.

In addition to several other appointments, Professor Heard served as special advisor to President Nixon on campus affairs in May of 1970. He is presently a member of the Commission on United States-Latin American Relations, and is chairman of the Task Force on Southern Rural Development of the Southern Regional Council.

Surgery, the American Journal of Surgery, and Surgical Techniques Illustrated.

The two retiring Regents are Carl P. Schlicke and Frank E. Stinchfield.

Caps and gowns

Initiate's caps and gowns, for the convocation ceremonies Thursday evening, can be picked up today between 8:00 am and 3:30 pm, in the Astoria Room of the Conrad Hilton Hotel.

Today at 4:00

Fellows, Initiates urged to attend Annual Meeting

All Fellows of the College and members of the 1976 Class of Initiates are urged to attend the Annual Meeting of the Fellows, which will be held this afternoon, starting at 4:00 in the Arie Crown Theater, McCormick Place.

H. William Scott, Jr., President of the College, will preside.

Leading off the meeting will be reports to the Fellows from the Chairman of the ACS Board of Regents, the Chairman of the Board of Governors, and the Director of the College.

Other scheduled activities include presentation of the 1976 Distinguished Service Award of the American College of Surgeons; presentation of the 1976 ACS International Guest Scholar; and presentation of the Schering Scholarship certificates.

Also on the formal agenda is a report of the chairman of the Nominating Committee of the Board of Governors; announcement of election of Regents; and announcement of election of officers of the Board of Governors.

The report of the chairman of the nominating committee of the Fellows will precede the nomination and election of officers of the American College of Surgeons.

Time for new business, including consideration of items submitted from the floor, will be the last agenda item.

The annual meeting will be followed immediately by the Assembly of Initiates, also in Arie Crown.



IN RECOGNITION of his 50 years of association with the journal, *Surgery, Gynecology & Obstetrics*, Loyal Davis, MD, FACS, receives a bound copy of the July 1976 issue of SG&O from John W. Evers, general manager, at the annual meeting of directors of the Franklin H. Martin Memorial Foundation. The bound volume also contains letters of con-

gratulation from the directors, from associate editors, and from friends. Franklin H. Martin founded the journal in 1905, and Dr. Davis joined the staff on July 1, 1926, as an associate editor. He became editor in 1938 after the death of the first editor, Dr. Allen Kanavel. Robert G. Happ, secretary-treasurer of the Foundation, looks on.

Cleveland Clinic outlines its procedures for stomach ulcers

A review of 299 patients operated on for benign stomach ulcer shows excellent or good long-term results in 87 percent, according to a report presented Wednesday by Robert E. Hermann, MD, FACS, head of the Department of General Surgery, Cleveland Clinic Foundation.

Ten patients had recurrent symptoms of ulcer but only two patients required another operation. There were no deaths in any patient operated on electively. Twelve patients died postoperatively after emergency procedures.

A variety of surgical techniques was employed. All operations gave equally good results, said Dr. Hermann, who performed the series along with Stanley O. Hoerr, MD, FACS.

"The principle controversy concerning the surgical treatment of gastric ulcer at the present time centers on the use of vagotomy", said Dr. Hermann.

"It is of interest that nine of ten patients with recurrent symptoms of gastric ulcer had gastric resection without vagotomy", said Dr. Hermann.

"Most surgeons, including myself, do not use vagotomy routinely when dealing with gastric ulcers. However, if the gastric ulcer is secondary to an old duodenal ulcer (approximately 20 percent of all patients with gastric ulcer), or if gastric acidity is high, or a significant amount of stomach antrum is left, we have added a vagotomy to the procedure.

"Because of the poor results obtained by medical treatment, many surgeons have recommended operation as the treatment of choice for all gastric ulcers", said Dr. Hermann.

At the Cleveland Clinic, all patients with a gastric ulcer are carefully evaluated with x-ray studies, cell examination, and gastric analysis to determine the presence of acid. If through these studies it appears that the ulcer is benign and small (less than 2 cm), a period of intensive medical therapy is started.

The patient is reexamined in four to six weeks and a repeat gastroscopic study is obtained to determine the healing of the ulcer. At six weeks, better than 50 percent of healing should be accomplished. By three months, the ulcer should be completely healed. If healing is not accomplished, surgery is advised.

For young surgeons

Panel to discuss surgeon's assistant

This year's Panel for Young Surgeons will focus on assistants, specifically, on Physician's Assistant — Surgeon Assistant, which just happens to be its title.

The panel will begin at 8:30 this morning in the Jane Addams Room of McCormick Place. David C. Sabiston, Jr., MD, FACS, Durham, N.C., is moderator.

An introduction to the subject will be given by Stephen L. Wangenstein, MD, FACS, chairman of the ACS Committee to Study Relationships with Young Surgeons.

Lawrence M. Detmer, MD, will discuss accreditation and education; Thomas E. Piemme, MD, certification and legality.

The use of assistants in plastic and thoracic surgery will be discussed by Thomas J. Krizek, MD, FACS, and Charles R. Hatcher, Jr., MD, FACS, respectively.

Registration facts

As of 5:00 pm Wednesday

Doctors	9,876
Ladies	3,659
Exhibitors	2,322
Press, staff, aides, and visitors ..	1,221
TOTAL	17,078

Five Honorary

2,000-plus to receive FACS at Convocation Ceremony

For the first time, the number of surgeons to be initiated into Fellowship in the American College of Surgeons will surpass 2,000.

Exactly, 2,163 Initiates will become Fellows this evening at 8:30 during Convocation Ceremonies in the International Ballroom of the Conrad Hilton.

Frank E. Stinchfield, Chairman of the ACS Board of Regents, will present the Initiates to College President H. William Scott, Jr., who will confer Fellowship.

Honorary Fellowships will be conferred on five distinguished surgeons—including, for the first time, the conferral of an Honorary Fellowship in absentia.

The scheduled attendance of candidate Professor Patrick Alexis Fitzgerald, has been precluded by his hospitalization for a serious illness. The Regents unanimously agreed in these extraordinary circumstances to waive the traditional requirement for attendance in order to receive the Honorary Fellowship, and Dr. J. Englebert Dunphy will present Professor Fitzgerald.



PROF.
FITZGERALD

Others to receive honorary Fellowship are:

Sten Axel Friberg, MD, Stockholm, Sweden, who will be presented by Frank E. Stinchfield, MD, FACS;



DR.
FRIBERG

Professor Fritz Karl Holle, MD, FACS, Munich, Federal Republic of Germany, will be presented for Fellowship by Lloyd M. Nyhus, MD, FACS;



PROF.
HOLLE

Edward S. R. Hughes, CBE, FRCS (Eng), FRACS, FACS, Melbourne, Victoria, Australia, whose presenter will be Donald M. Gallagher, MD, FACS;



MR.
HUGHES

Professor John Bernard Kinmonth, MD, BS, FRCS(Eng), London, England, to be presented by John E. Connolly, MD, FACS.



PROF.
KINMONTH

Another highlight of the evening will be installation of the new officers of the American College of Surgeons. President H. William Scott, Jr., will turn over the gavel and the accompanying responsibilities of the office to George R. Dunlop, MD, FACS, Worcester, Massachusetts, who soon after will perform his first official function as President when he delivers his presidential address, "Medical Costs—Our Common Dilemma".

Others assuming new offices are first vice president Richard L. Varco, MD, FACS, Minneapolis; and second vice president Eben Alexander, Jr., MD, FACS, Winston-Salem, N.C.

All Initiates are urged to attend the Assembly of Initiates beginning at 4:45 in the Arie Crown Theater at McCormick Place.

Change in today's color television

There will be a change in today's color television program emanating from Rush Presbyterian-St. Luke's Medical Center in Chicago, telecast directly to the International Ballroom North of the Conrad Hilton Hotel. Instead of Staging Celiotomy for Lymphoma, the operation originally scheduled for this morning, the new operation will be a **Parathyroidectomy** performed by Steven G. Economou, MD, FACS, at 8:30 a.m.

Today's second live telecast will be of an **Abdominal Aortic Graft** performed by Hassan Najafi, MD, FACS, beginning at 1:30 pm.

Persons in the audience will be able to direct questions to a panel whose moderator will be in direct communication with the surgeons who perform the operations.

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OFFICE

Room 20-5W

McCormick Place

Phone: 791-6679, 6680

STAFF

Gordon L. Briggs, editor

Edith H. Pattou, assistant editor

Dorie Hanson, assistant editor

Statistics point to fewer T's and A's performed by surgeons than by GP's

In general, the rate of surgery varies by the availability of physicians; however, surgeons may do less surgery for categories such as tonsillectomy and appendectomy than do general practitioners, according to a report presented yesterday by Don E. Detmer, MD, of the Departments of Preventive Medicine and Surgery, University Hospitals, Madison, Wis., and the Center for Health Sciences, University of Wisconsin, and Timothy J. Tyson, of the Wisconsin Bureau of Health Statistics.

Information on all of the operations performed on patients discharged from 146 of a total of 148 acute care hospitals in Wisconsin were examined for two months in 1973.

Population-based surgical rates were established for the entire state and for health planning regions within the state. These rates were compared to the supply of physicians.

Dr. Detmer said the regional comparisons of most procedures show that the amount of surgery done corresponds to the number of surgeons available to do the operations.

"We saw a statistically significant difference in the rates for a variety of procedures across the various planning regions of the state", said Dr. Detmer. "Wide differences were noted for hysterectomy, which ranged from two per thousand population in a very rural area to 3.4 per thousand in the Milwaukee area.

"Also, tonsillectomy varied widely from 1.8 to 4.4 per thousand between a semi-rural and a suburban area, and appendectomy for acute appendicitis ranged from 1.2 to 2.6 per thousand between Milwaukee and a very rural area.

"While rates for appendectomy varied across regions of the state, the rates did not vary in relation to the supply of surgeons", the authors said. "However, appendectomy rates were found to be significantly higher in those areas of the state where the ratio of general practitioners to population was highest.

"The same finding was noted with respect to tonsillectomy. When the ratio of ear, nose, and throat specialists was compared to tonsillectomy, a significant decrease in the number of procedures was noted.

"This information is suggestive that tonsillectomy and appendectomy are done more frequently by general practitioners than by doctors who identify themselves as surgeons", Dr. Detmer said.

Further studies will be required to compare the health of patients in high surgical rate areas to that of patients living in areas where the rates for operations are low, the researchers concluded.

JUAN JOSE NAVEIRO, MD, (left) of Buenos Aires, the 1976 International Guest Scholar of the American College of Surgeons, receives a check from **George L. Jordan, MD, FACS**, Houston, chairman of the ACS International Relations Committee, at the committee's meeting on Tuesday. Dr. Naveiro is the ninth recipient of a grant from the College, which will enable him to visit various medical centers in the United States during a period of one month.



SESAP III IS UNDERWAY and will be available for distribution in October of 1979. At its meeting Sunday, the members of the Committee on Continuing Education heard a review of the September 20 Orientation Meeting for the ten committees that will be constructing items and critiques for SESAP III. In addition, SESAP III will include 15 Patient Management Problems (PMPs) to be developed by committee members with the assistance of the University of Illinois Center for Educational Development. More than 13,000 persons have taken SESAP II, with a combined enrollment of 30,000 for both SESAP I and II. SESAP II is now available to non-physicians, as well as physicians. Members of the Committee on Continuing Education who

were present when the photo was taken are (seated, from left) John H. Vansant, Leonard F. Peltier, Charles L. Eckert, John B. Gramlich, Donald F. Brayton, Allen M. Boyden, and William G. Pace, (standing, from left) Jack Pickelman, Coordinator of Sesap III; Harold A. Zintel, ACS Assistant Director; Henry T. Randall, James A. O'Leary, Frank E. Rosato, J. Alex Haller, Bernard Perey, Thomas E. Williams, David G. Ashbaugh, Paul E. Hodgson, C. Barber Mueller, Thomas C. King, and William S. Blakemore, Chairman of the Committee. In the insert photo, Dr. Zintel discusses the SESAP II literature with Sue Drymalski, administrative assistant for SESAP III, at the SESAP exhibit (Booth S-120) at McCormick Place.

Beahrs new chairman

New officers, members elected to Governors' executive committee

Oliver H. Beahrs, MD, FACS, Minneapolis, professor of surgery, University of Minnesota Medical School, was elected chairman of the Board of Governors of the American College of Surgeons during the adjourned meeting of the Board Wednesday afternoon.

Elected vice chairman of the Board was Jerome J. DeCosse, MD, FACS, Milwaukee, and elected secretary, Homer E. Smith, MD, FACS, Salt Lake City.

Elected to the executive committee of the Board were James R. Cantrell, MD, FACS, Seattle; Watts R. Webb, MD, FACS, Syracuse; and David W. Robinson, MD, FACS, Kansas City, Kansas. Thad M. Moseley III, MD, FACS, Jacksonville, Florida, continues

as a member of the executive committee.

Dr. Beahrs, former vice chairman of the Board, is a past president of the Society of Head and Neck Surgeons and of the Minnesota Surgical Society.

He is also a past member of the Board of Trustees of the American Group Practice Association.

Currently, Dr. Beahrs is vice chairman of the Board of Governors of the Mayo Clinic, and a member of the Mayo Foundations Board of Trustees.

Dr. DeCosse is professor and chairman of the department of Surgery, Medical College of Wisconsin, Milwaukee.

Dr. Smith is an orthopedic surgeon in private practice in Salt Lake City.



New pacemaker for diaphragm can be implanted

A battery-powered implantable pacemaker to stimulate the diaphragm muscle in breathing insufficiency has been tried in laboratory animals as a prototype of a design for use in human patients, according to a presentation Wednesday by investigators from the Department of Surgery, Yale University School of Medicine.

Ten years ago, chronic diaphragm pacing was first used at Yale for treating ventilatory insufficiency during sleep.

In November, 1970, total breathing support was achieved in a quadriplegic patient with spinal cord injury sustained in a racing car accident. To date, about 117 patients here and abroad have received diaphragm pacemakers because of respiratory center unresponsiveness or trauma to the spinal cord. All patients had a transistorized radio receiver implanted beneath the skin of the chest wall and a battery operated transmitter and antenna worn externally.

Since these patients require pacing only during sleep or during immobility, a totally implantable system such as is used in the cardiac pacemaker has not been required.

However, during long-term animal evaluation of various electronic stimulating wave forms and electrode configuration in the laboratory, it was found the animals did not tolerate the external equipment. Therefore, a totally implantable diaphragm pacemaker was developed to permit up to two years evaluation of electrodes and wave forms.

In a design for humans, the pacemaker must be custom-fitted because the stimulating current required for maximum diaphragm movement varies considerably among patients, said Ikuro Satoh, MD.

"Precise adjustment of the current to fit individual nerve-muscle requirements to produce a smooth contraction of the diaphragm is required", said Dr. Satoh. "This is different from the cardiac pacemaker which produces an essentially 'all or nothing' type of stimulation".

Battery life expectancy should be similar to that of the cardiac pacemaker, he said.

Variety of reasons

Obesity cited as extra hazard for surgical patients

Obesity provides an extra hazard to the surgical patient, Leslie Wise, MB, BS, FRCS(Eng), FACS, professor and chairman of surgery, Long Island Jewish-Hillside Medical Center, New York, said yesterday during a session of PGC No. 1.

The increased mortality among obese patients is chiefly due to cardiovascular disease and chronic inflammation of the kidney. Other causes include diabetes, cirrhosis, and cancer of the liver and gallbladder.

There is increased technical difficulty with anesthesia, including its application, determining safe dosage, and post-anesthetic recovery, said Dr. Wise.

Markedly obese patients are more susceptible to lack of oxygen in the lungs, and to pulmonary complications after surgery. They have an increased rate of wound infection and an increased incidence of wound rupture and late hernia formation.

There is also a greater risk of blood sluggishness or stagnation in the lower limbs of massively obese patients because of the problems of movement. An increase of fatty acid levels in the blood often is commonly seen during and after operations.



PAST PRESIDENTS of the American College of Surgeons, who collectively form the Advisory Council to the ACS Board of Regents, gather each year for a luncheon during the Clinical Congress. At the far left is C. Rollins Hanlon, Director of the College. Past presidents attending this year's luncheon (clockwise) are: Frank Glenn, New York City; Loyal Davis, Chicago; Owen H. Wangenstein, Minneapolis; Warren H. Cole, Ashville, N.C.; Alton Och-sner, New Orleans; Charles W. McLaughlin, Jr., Omaha; Robert M. Zollinger, Columbus; William P. Longmire Jr., Los Angeles; Claude E. Welch, Boston; Walter C. MacKenzie, Edmonton, Alta.; Jonathan E. Rhoads, Philadelphia; and Joel W. Baker, Seattle.

Meeting reminder

North Dakota Chapter ACS
6:30 pm—on
Get together
Conrad Hilton, Room 806

Forget something?

For all persons who may have left behind and/or forgotten slides either in the Conrad Hilton or in the audio-visual office in McCormick Place, this is a notice to contact Claudia Delestowicz in Room 20-6W. Please retrieve your abandoned slides!

Syrian hamster to be used as model in pancreatic cancer research

Progress against cancer of the pancreas, the fourth leading cause of death from cancer in the United States, will move forward with the development of an experimental animal model in which to produce the disease, said two investigators from the Department of Surgery, University of California Medical Center, San Diego.

The model was developed in the Syrian hamster, a species that shows occasional spontaneous cancer of the pancreas, by means of weekly injections of a cancer-causing chemical.

Hazel J. Sayers, RN, and Marshall J. Orloff, MD, FACS, said the model is consistent and requires only a short period of time to induce the cancer, which is biologically similar to the common pancreatic cancer found in

humans.

The incidence of pancreatic cancer has been increasing at the rate of 1.5 percent a year over the last 40 years, and caused 19,000 deaths in the United States in 1972. Present methods of treatment offer poor results. Few patients ever have been cured.

Development of a model will allow the study of the effects of anti-cancer drugs and the development of early diagnostic procedures, the authors said.

A technique of transplanting the pancreas in the Syrian hamster also has been developed, enabling researchers to take a pancreas with an established cancer and transplant it into a healthy animal. The progress and spread of the cancer then can be carefully monitored.

Undergraduate surgical education to be topic of JANUS panel today

Surgical education in medical schools—specifically, a consideration of undergraduate surgical education by university administrators who are surgeons—will be the subject of a one and one-half hour panel discussion, beginning at 10:30 am today in the Jane Austen Room of McCormick Place.

The panel will be moderated by Seymour I. Schwartz, MD, FACS.

Dr. Schwartz told the News that the discussion will be unique in that it will provide a consideration of undergraduate surgical education essentially from two vantage points.

The panel will consist of Marion C. Anderson, MD, FACS, president of the Medical College of Ohio at Toledo; William G. Anyan, MD, FACS, vice president for health affairs, Duke University Medical Center; and William R. Drucker, MD, FACS, dean of the University of Virginia Medical School.

"These three highly regarded administrators", Dr. Schwartz said, "have

evolved into their administrative positions from distinguished careers in academic surgery.

"Thus, they will consider problems in undergraduate surgical education both from the vested interest of surgery per se, and also from the vantage point of the general concern of the medical school".

To be considered by the panel are surgical curriculum with respect to innovative changes, role of formal lectures, inclusion of surgery in the mandatory core, and the exposure of surgical faculty as a factor in recruitment to surgical training programs.

The quality control of surgical education of the medical student will be viewed in relation to the rapidly changing political and socioeconomic scene.

Also to be discussed are the pressures related to admission of students to medical school and the effects of public sentiment and news media exposure.

New medication presented as aid for circulation impairment

A potent clot-dissolving medication was more effective in the treatment of acute or subacute arterial thrombosis in the leg than standard anticoagulants, according to a study presented yesterday by Frederick A. Reichle, MD, FACS, of the Department of Surgery, Temple University Health Sciences Center, Philadelphia.

A group of 17 patients with sudden onset of insufficient circulation in the lower leg were given either standard anticoagulant treatment (heparin) or a potent clot dissolving medication called streptokinase.

"All patients receiving streptokinase showed improvement in the acutely ischemic lower extremity", said Dr. Reichle. "None of the patients receiving routine anticoagulants showed any improvement in circulation in the lower extremity".

The improved blood flow in the ar-

teries of the lower leg was determined by clinical examination, including assessment of the color and warmth of the leg, the relief of pain at rest, and increased blood pressure in the foot.

"Some of the patients improving after streptokinase underwent subsequent arterial by-pass", Dr. Reichle said. "In other patients, revascularization has been achieved without any operation".

Pain, ulceration, and possible gangrene in patients suffering from circulatory impairment in the leg may be sudden or may develop gradually. The basic process is hardening of the arteries in most patients. However, in the patients with sudden onset of arterial insufficiency, a blood clot within the already diseased arterial system of the lower extremity plays an important role. Limb survival is threatened in many patients.



MATTERS OF INTEREST to Canadian Regents and Governors were discussed Sunday by the following (l. to r. clockwise): Angus D. McLachlin, First Vice Chairman of the College, from London, Ontario; Charles G. Drake, Regent, London, Ontario; Thomas A. B. Boyd, Governor, Regina, Saskatchewan; Charles

A. Laing, Governor, Windsor, Ontario; Allan D. McKenzie, Regent, Vancouver, British Columbia; Colin C. Ferguson, Governor, Winnipeg, Manitoba; Robert J. Johnston, Governor, Edmonton, Alberta; Frank Padberg, ACS Assistant Director for Fellowship; and Robert A. L. Macbeth, Governor, St. John, New Brunswick.